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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/625,420	<b>FILING DATE</b> 07/25/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> <del>2761</del> 3626	<b>ATTORNEY DOCKET NO.</b> P/3458-2
<b>APPLICANTS</b> George G. Neuman, Brookville, NY ; <b>** CONTINUING DATA **</b> <del>none</del> V.F. <b>** FOREIGN APPLICATIONS **</b> <del>none</del> V.F.				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/14/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>V.F.</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 48
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b>  2352				
<b>TITLE</b> Method and apparatus for matching consumer of health care services to health care service provider				
<b>FILING FEE RECEIVED</b> 597	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	